



Advising the Congress on Medicare issues

MIPPA MA/FFS quality report: update

John Richardson and Carlos Zarabozo

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Report on MA-FFS quality comparisons mandated by the Congress

- MIPPA Section 168
 - Commission recommendation in June 2005 report
- Report due March 2010
- How can quality measures be used to compare:
 - Medicare Advantage (MA) and traditional fee-for-service (FFS) Medicare
 - Differences among MA plans
- Address data requirements, benchmarking
- Recommend administrative and legislative changes as appropriate

Analysis to date

- Discussions with stakeholders, CMS, researchers
- Ongoing literature review
- Developed draft framework of key criteria and trade-offs among:
 - Current FFS quality measurement systems
 - Current MA quality measurement systems
 - Alternatives based on administrative data, medical record data

Quality is measured and reported on two different levels in Medicare FFS and MA

FFS: Provider-level reporting

- Hospitals, physicians, SNFs, home health, dialysis facilities
 - Most are process measures
 - Some outcomes, patient experience (hospital only)
 - Scores publicly reported on Medicare website (physician reports participation only)
- Patient survey data
 - **CAHPS®**
 - FFS population perceptions of care, access
 - Evaluates providers but reports are population-level

MA: Plan-level reporting

- **HEDIS®**
 - Most are process measures, some intermediate outcome
- Patient survey data
 - **CAHPS®**
 - Perceptions of care, access
 - Evaluates plans, providers
 - **HOS**
 - Perceived change in mental, physical health status over 2-year time period

Administrative data-based options for FFS-MA comparison

- Compute HEDIS[®]-like values for FFS using FFS claims data
 - Technically feasible with relatively low cost, burden
 - Data for some intermediate outcome measures not currently available
 - Provider acceptance may be low
 - Defining FFS “plan” for selected geographic areas
- Use other measure sets:
 - AHRQ Prevention Quality Indicators, ACOVE (using claims), HEDIS[®] measures for Special Needs Plans

Survey-based options for FFS-MA comparisons

- CAHPS®
 - Already used to compare FFS and MA
 - Can report and benchmark at national, state, large market area levels
 - Population-level results may be less actionable for individual providers
- HOS
 - Technically feasible
 - Population-level results may be less actionable for individual providers

Draft framework for analyzing quality measurement criteria and trade-offs

Criteria	Current FFS provider reporting*	HEDIS®	CAHPS®	HOS	Measures based on FFS claims, MA encounter data, or other administrative data**	Medical record-reliant measures (e.g., ACOVE)
Useful for comparing MA and FFS						
Useful for comparing MA plans						
Cost / burden increase for FFS						
Cost / burden increase for MA						
Actionable for QI by FFS providers						
Actionable for QI by MA plans						
Unit of measurement: Provider, Plan/Population, or Both						
Geographic area measured						
Type of quality measured:						
Process of care						
Intermediate outcome						
Outcome						
Patient experience						
Useful for beneficiaries						

Note: QI (Quality Improvement).

*Includes Hospital Compare, Nursing Home Compare, Home Health Compare, Dialysis Facility Compare, and Physician Quality Reporting Initiative.

**Examples include inpatient hospital discharge data collected by certain states and AHRQ HCUP databases, pharmacy data, and lab test values if available from administrative data sources.

Issues to discuss

- Which possible course ensures that MA and FFS can be compared?
 - Use current reporting mechanisms, collecting additional data?
 - Add more measures or new reporting requirements for richer data set?
 - Improve quality reporting, capitalizing on move towards health IT systems?
- Which possible course ensures that MA plan comparisons can be improved?